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s floods and tornadoes swept across Tennessee in 1998 and 1999, the DMHDD provided mental health counseling services to victims of those disasters.

The Federal Emergency Management Agency (FEMA) provided a \$50,000 grant early in 1998 for disaster-related crisis counseling, outreach services and community education and training for Carter County after severe flooding struck the region.

Then in April 1998, tornadoes demolished sections of Nashville and 10 other Middle Tennessee counties.

Later, Jackson and Clarksville were hit by twisters that destroyed buildings and damaged lives. This created a need for mental health counseling and training for outreach workers.

The counseling and training program was dubbed "Project Recovery '98" and the DMHDD was responsible for implementation.

In response to a Presidential Declaration of Disaster, funds from FEMA were used to provide mental health services including culturally appropriate supportive counseling.

As part of the grant process, mental health providers in all of the declared counties were contacted to assess community impact and work with local officials and other emergency agencies to determine the need for mental health services.

Through all of 1998 and most of 1999 the department facilitated services to approximately 2,426 individuals.

Since May 1999, there haven't been any federal declarations for disaster in Tennessee.

A proposal was submitted to the Commissioner of Mental Health and Developmental Disabilities to plan for a statewide strategic response to disasters and other critical incidents.

A workgroup was formed comprised of Division of Mental Health Services (DMHS) staff and members of the Tennessee Association of Mental Health Organizations with experience and interest in disaster and critical incident response.

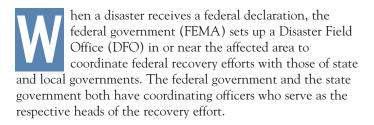
Goals of this effort are:

- 1. Gauge community mental health agencies' readiness for disaster response.
- 2. Rebuild the statewide Critical Incident Stress Debriefing teams.
- 3. Develop a statewide database of agency and individual provider capacity (experience, training, special population expertise and second language capability).

A letter and two survey tools, one to develop a database of agency personnel and one to gauge agency readiness to respond, will be sent to agency directors and community mental health agencies to request participation in this campaign.

## TEMA/FEMAS

Safety and Response In Tennessee



In Tennessee, TEMA, the Department of Human Services and the Department of Transportation co-locate personnel in

the DFO with federal personnel to ensure that all activities are coordinated to the maximum extent practical. FEMA provides telephone service to the state staff, while TEMA (Tennessee Emergency Management Agency) installs its own local area network and computer systems, complete with a T-1 or 128Kb ISDN connection back to the agency's Wide Area Network. All other logistical functions are provided by FEMA.



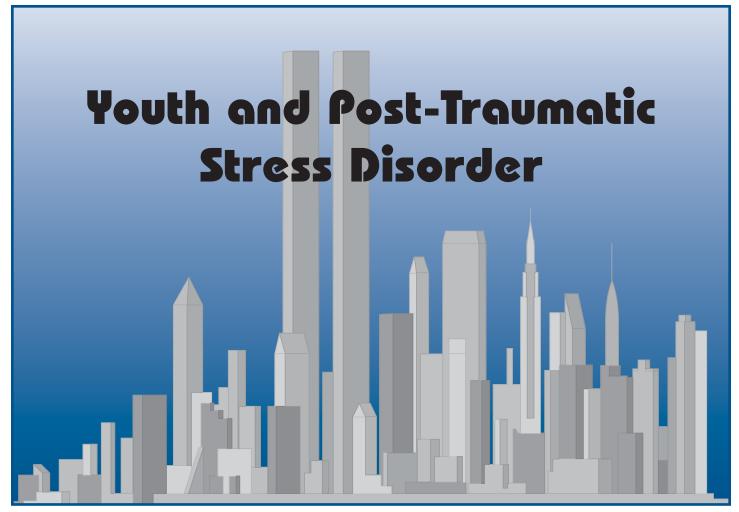
Above: A view of the Sequoyah Nuclear Plant from a nearby recreational area, Skull Island.

Facing Page, far left: A training session on Volunteer Resources conducted, in 2001, at the Nashville Airport's training facility.

Middle Left: TEMA operation officers at work.

Facing Page, right: Tennessee Governor Don Sundquist announcing the TEMA sponsored project to provide all elementary schools, in the state, with weather radios.

Left: A briefing to local media conducted from the State Emergency Operations Center on September 11, 2001.



By Judy Regan, M.D.

eptember's terrorist attacks on the World Trade
Center and the Pentagon have been weighing heavily
on the minds of many, particularly our youth.
Children have been bombarded, non-stop, with
media coverage of the airplane crashes and the aftermath of the
horrific events. Many have been noticeably upset, as
evidenced by anxiety, problems with sleeping and fear of
routine travel (going to school or other social events). While
we do not know what the long-term effects September's attacks
on our children will bring, we do know, from previous research,
the effects of traumatic events on children.

Many individuals, including children, can develop post—traumatic stress disorder (PTSD) symptoms after a significant trauma. PTSD is an anxiety disorder that develops in persons who have experienced emotional or physical stress that would be extremely traumatic for anyone. Many individuals may suffer some of the symptoms without developing the full disorder.

Over the past two years, the Journal of the American Academy of Child and Adolescent Psychiatry has published articles involving the mental heath evaluation of some of the world's youth that have experienced a great trauma. Many of these children were found to have PTSD symptoms. Studies about the following situations yielded similar findings:

- On January 17, 1994, the Northridge Earthquake struck the Los Angeles area resulting in approximately 72 deaths, more than 11,000 injuries, and \$13-25 billion in damages.
- Beginning in April 1992, Bosnian Serb and Serbian para military and military forces conducted a campaign of ethnic cleansing against Muslim and Croat civilians living in Bosnia-Herzegovina. Non-Serb children and adolescents were often separated from their fathers and from other adult male family members who were sent to concentration camps. Along with their mothers, they spent months fleeing capture or being held in occupied territory.
- During 1975-1979, many youth endured the horrors of the Pol Pot era in Cambodia. They were subjected to trauma, because of the loss of one or more of their family members. Some actually saw their family members executed.
- In 1995, the bombing of the Federal Building in Oklahoma City occurred killing 167 people. More than one third of the youths in the large study sample (3,218) of middle and high school students reported knowing someone killed in the blast.

These studies found that:

- PTSD symptoms are not uncommon among those children who have experienced a significant trauma.
- Constant media reenactment can have a bad effect on



children by increasing their feelings of anxiety and insecurity.

- Supportive family members and other adults can assist children in overcoming their PTSD symptoms.
- Children are very resilient and can "bounce back" quickly when they are given the opportunity to receive adequate support and encouragement.
- Children who have experienced great trauma can lead productive lives after the event.

We need to keep these facts in mind as we watch, evaluate and help our children through this difficult time. Some of our children have been directly affected by the loss of a loved one from the New York City and Washington D.C. tragedies. Others have been constantly exposed to the terror of the bombings and the tragedies of unknown individuals that they have seen on television.

Our children need to move forward in their educational and social activities in order for them to continue to grow and become productive citizens. Schools and communities should plan activities where our youth can come together, be supported and express their feelings about the events.

Further, we must help our children remember and understand these traumatic events, as they become adults and leaders themselves. Most importantly, however, we must give our children hope and courage for the future.

Above: Tennesseans rally and show their patriotism at the state capitol following the September 11, 2001 terrorist attacks.



Above: A crowd gathers in New York City posting commemorations of loved ones and strangers alike lost in the terrorist attacks on the World Trade Center on September 11, 2001.